

The Health of Tennessee's Women 2004

A Summary Report of Mortality and Women's Health Issues

MAY 2006

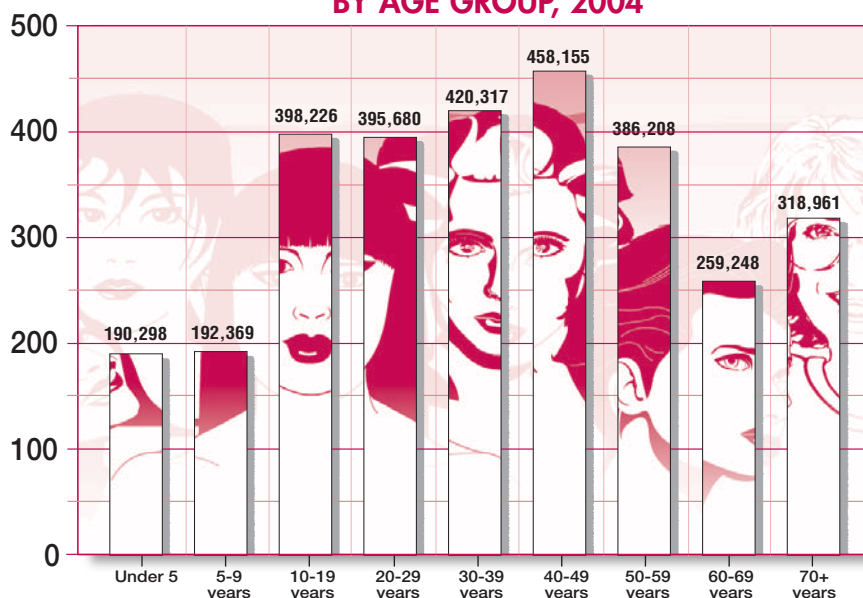
TENNESSEE DEPARTMENT OF HEALTH

The Health of Tennessee's Women 2004 examines some of the factors that affect the health status of Tennessee's female population. Maternal risk factors such as inadequate prenatal care, smoking, poor nutrition, and age greatly impact pregnancy outcomes. Adolescent mothers are at particular risk of having low-weight babies, as are mothers age 40 years and older.

Mortality trends and behavioral risk data are also included in this report. The challenge facing women as individuals is to modify their lifestyles to maintain good health and prevent diseases. Health education, preventive screening, and early detection are important factors to reduce mortality risk from diseases such as cancer, cerebrovascular, and heart disease.

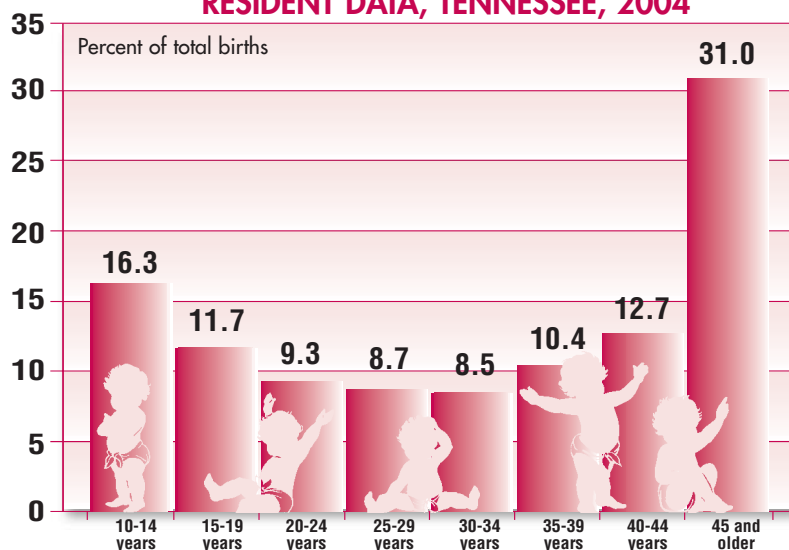
In 2004, the age group 40-49 contained Tennessee's greatest number of females (458,155). This age group accounted for 15.2 percent of Tennessee's total female population. The percentage of females under 10 years of age was 12.7, while 10.6 percent of females were aged 70 and older.

TENNESSEE'S FEMALE POPULATION BY AGE GROUP, 2004



Source: Health Statistics, August 2003 Population Estimates.

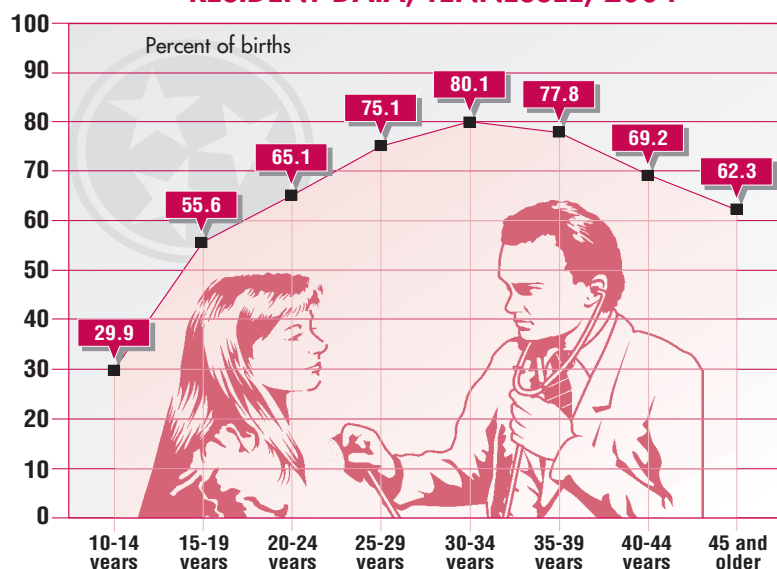
PERCENT OF LOW-WEIGHT* BIRTHS BY AGE GROUP RESIDENT DATA, TENNESSEE, 2004



*A live birth weighing less than 2,500 grams (5 pounds, 8 ounces).

Low-weight babies are at higher risk of dying in the first months of life than babies of normal weight. Of the total births in 2004, 7,513 or 9.4 percent were under 2,500 grams. The low-weight percent of total births was greatest for mothers age 45 years and older (31.0), followed by mothers age 10-14 years (16.3), and mothers age 40-44 (12.7). Of the total low-weight births, 26.3 percent of mothers reported tobacco use during pregnancy. White mothers reported the highest percentage (32.1), while black mothers reported a much lower tobacco use percentage (14.9). The national goal for low-weight births for the year 2010 is 5.0 percent of total live births.

PERCENT OF BIRTHS WITH PRENATAL CARE BEGINNING IN THE FIRST TRIMESTER, BY AGE GROUP RESIDENT DATA, TENNESSEE, 2004



In 2004, of the births to mothers ages 10-14 reporting prenatal care, 29.9 percent began care in the first trimester. The percentage of first trimester care by age group increased to a high of 80.1 percent for mothers ages 30-34. The total percent of Tennessee births that reported care beginning in the first trimester was 70.6. The national goal for the year 2010 is for 90.0 percent of all births to have prenatal care beginning in the first trimester.

Nationally recommended changes to the birth certificate were implemented in Tennessee on January 1, 2004. The collection of prenatal care information changed significantly; thus prenatal care for 2004 is not comparable to that of earlier years.

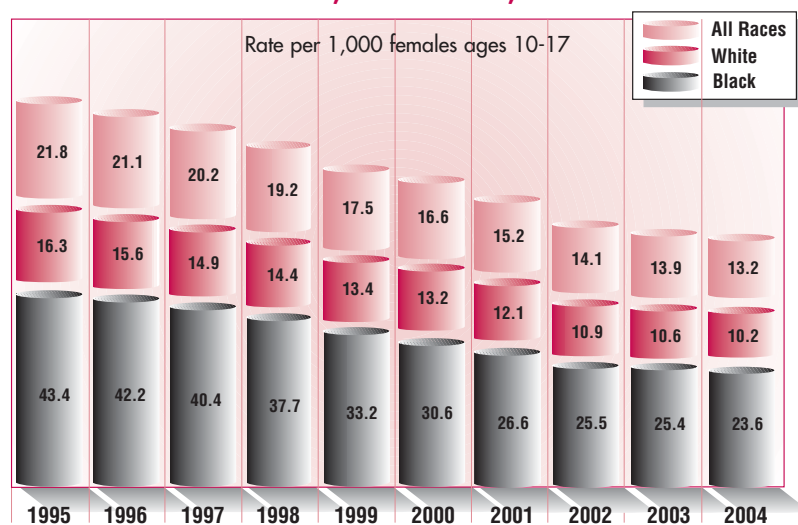
The number of multiple deliveries increased over the 5-year period of 2000-2004. The percent of the total births that were multiple births was 3.0 in 2000. This percent increased to 3.3 in 2004. The 2004 number of multiple births included 2,525 twins, 111 triplets, 12 quadruplets, and 10 quintuplets.

NUMBER OF MULTIPLE BIRTHS RESIDENT DATA, TENNESSEE, 2000-2004

	Total	Twins	Triplets	Quadruplets	Quintuplets
2004	2,658	2,525	111	12	10
2003	2,473	2,378	91	4	-
2002	2,319	2,189	130	-	-
2001	2,427	2,343	68	16	-
2000	2,397	2,287	102	8	-

The number of live births occurring in multiple deliveries may not be indicative of the number of sets of multiple births due to one or more members of a set not being born alive.

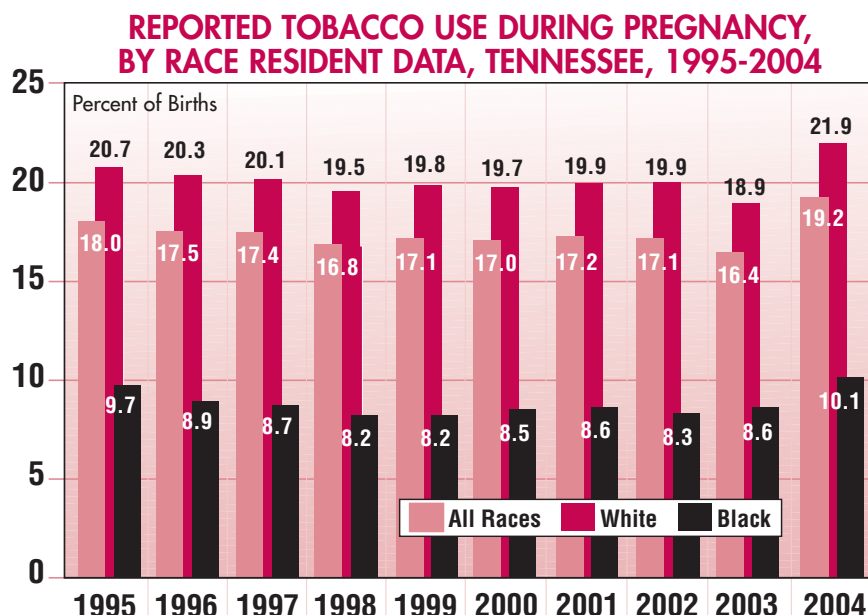
ADOLESCENT PREGNANCY RATES (10-17), BY RACE RESIDENT DATA, TENNESSEE, 1995-2004



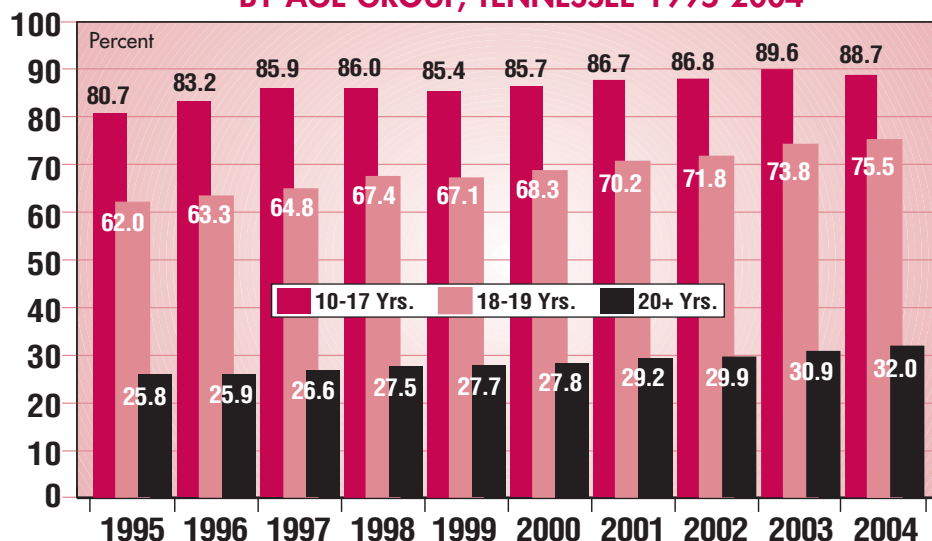
Total includes pregnancies to other racial groups or race not stated.

Adolescent pregnancies include births, abortions, and fetal deaths. The total pregnancy rate for females ages 10-17 declined 39.4 percent from 21.8 in 1995 to 13.2 in 2004. The white adolescent rate dropped 37.4 percent from 16.3 in 1995 to 10.2 in 2004. The 1995 black rate of 43.4 decreased 45.6 percent to 23.6 pregnancies per 1,000 females in 2004.

For the 10-year period 1995-2004, the reporting of tobacco use on Tennessee resident birth certificates remained fairly constant with the percent for whites about twice the percent for blacks. In 2004, 19.2 percent of Tennessee birth certificates for all races indicated tobacco use, the highest percentage for the 10-year period. The 2004 percent for whites was 21.9, while the percent for blacks (10.1) was much lower. The Year 2010 goal for tobacco abstinence is 99 percent. NOTE: This data is based on information provided by the mother and may be underreported.



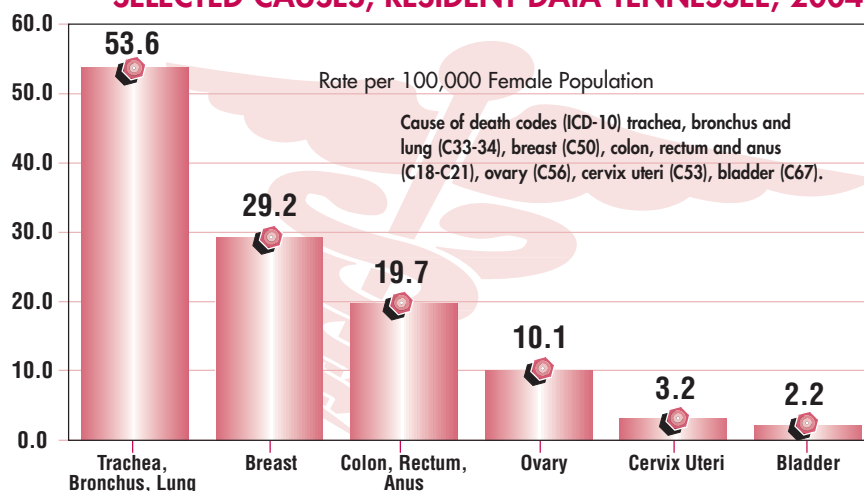
PERCENT OF BIRTHS TO UNMARRIED MOTHERS BY AGE GROUP, TENNESSEE 1995-2004



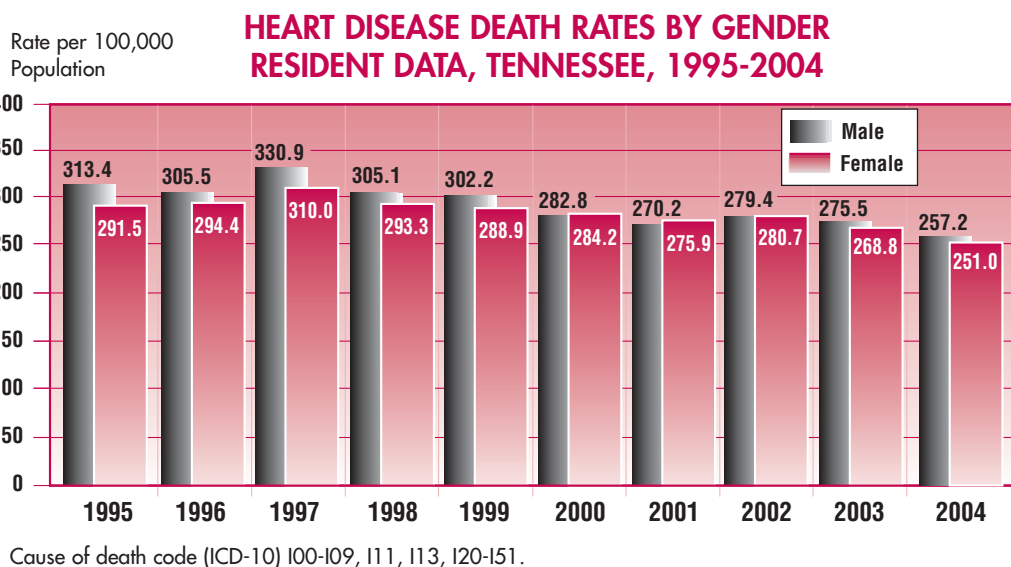
The highest percent of out-of-wedlock births was for mothers under 18 years of age. These babies were at greatest risk for negative social and economic consequences as adolescent mothers very often lack education and job skills. From 1995 to 2004, the percent of out-of-wedlock births increased 9.9 percent for mothers aged 10-17, 21.8 percent for mothers 18-19, and 24.0 percent for mothers 20 years and older.

There were 5,873 malignant neoplasm deaths for females in 2004. Of these deaths, cancer of the trachea, bronchus, and lung had the highest rate (53.6) followed by breast cancer (29.2). These two causes accounted for 42.6 percent of the total cancer deaths for females in 2004.

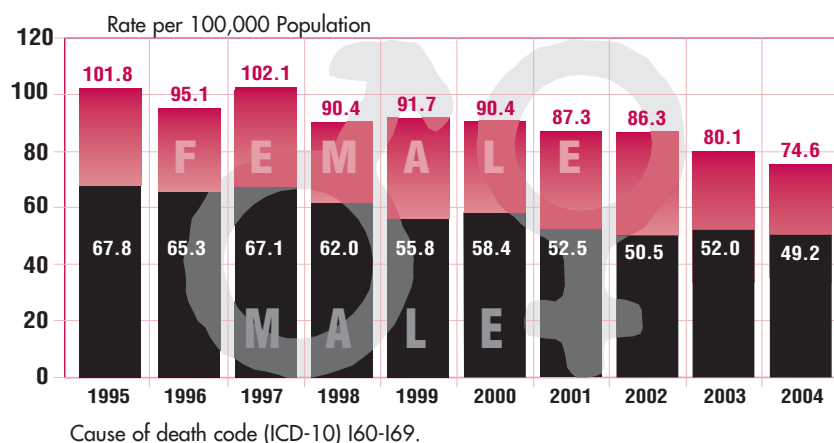
CANCER DEATH RATES FOR FEMALES FOR SELECTED CAUSES, RESIDENT DATA TENNESSEE, 2004



Heart disease, the leading cause of death in Tennessee, has generally declined in recent years. While the crude death rate for males declined 17.9 percent from 1995 to 2004, the rate for females decreased 13.9 percent for the same period. In 1995, the rate for males was 7.5 percent greater than the female death rate. By 2004, the male rate for heart disease only exceeded the female death rate by 2.5 percent, and in the years 2000-2002, the death rates for females were greater than the rates for males.



CEREBROVASCULAR DISEASE DEATH RATES BY GENDER RESIDENT DATA, TENNESSEE, 1995-2004

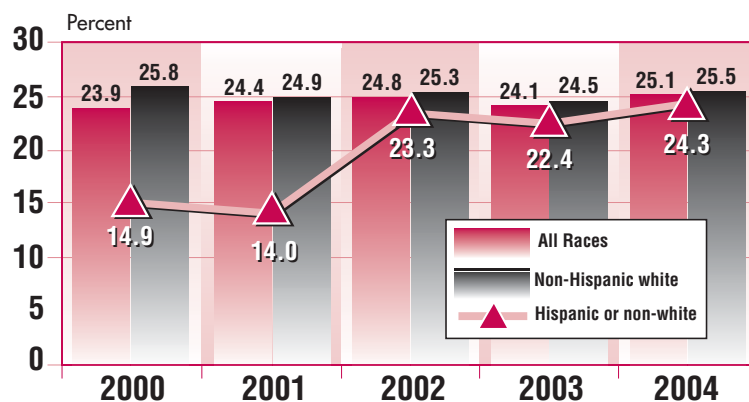


Tennessee's cerebrovascular disease death rate was higher for females than for males for the period 1995-2004. The crude death rate for females increased to a high of 102.1 deaths per 100,000 females in 1997 and then decreased. The 2004 rate of 74.6 for females was the lowest for the 10-year period but was 51.6 percent higher than the rate of 49.2 for males.

In 2004, the crude death rate for white females was greater than both the total and black female rates for 7 of the 10 leading causes. Black females had higher death rates per 100,000 population for diabetes; nephritis, nephrotic syndrome and nephrosis; and septicemia as classified by the International Classification of Disease Codes (ICD-10). Diabetes was the fourth leading cause of death for black females, while Alzheimer's disease ranked fifth for both white and black females, in 2004.

LEADING CAUSES OF DEATH (ICD-10 CODES) FOR FEMALES BY RACE, WITH RATES PER 100,000 POPULATION RESIDENT DATA, TENNESSEE, 2004

Cause	Total	Rate	White	Rate	Black	Rate
Total Deaths	28,135	931.8	23,974	981.0	4,063	773.3
1. Diseases of heart (I00-I09, I11, I13, I20-I51)	7,578	251.0	6,462	264.4	1,096	208.6
2. Malignant neoplasms (C00-C97)	5,873	194.5	4,990	204.2	859	163.5
3. Cerebrovascular diseases (I60-I69)	2,254	74.6	1,927	78.9	316	60.1
4. Chronic lower respiratory disease (J40-J47)	1,501	49.7	1,393	57.0	105	20.0
5. Alzheimer's disease (G30)	1,192	39.5	1,074	43.9	117	22.3
6. Accidents (V01-X59, Y85-Y86)	1,112	36.8	991	40.6	111	21.1
Motor vehicle accidents (V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0-V89.2)	417	13.8	366	15.0	45	8.6
7. Diabetes (E10-E14)	993	32.9	739	30.2	252	48.0
8. Influenza and pneumonia (J10-J18)	868	28.7	783	32.0	82	15.6
9. Nephritis, nephrotic syndrome and nephrosis (N00-N07, N17-N19, N25-N27)	361	12.0	268	11.0	92	17.5
10. Septicemia (A40-A41)	311	10.3	241	9.9	68	12.9



Source: Tennessee Department of Health, Behavioral Risk Factor Survey.

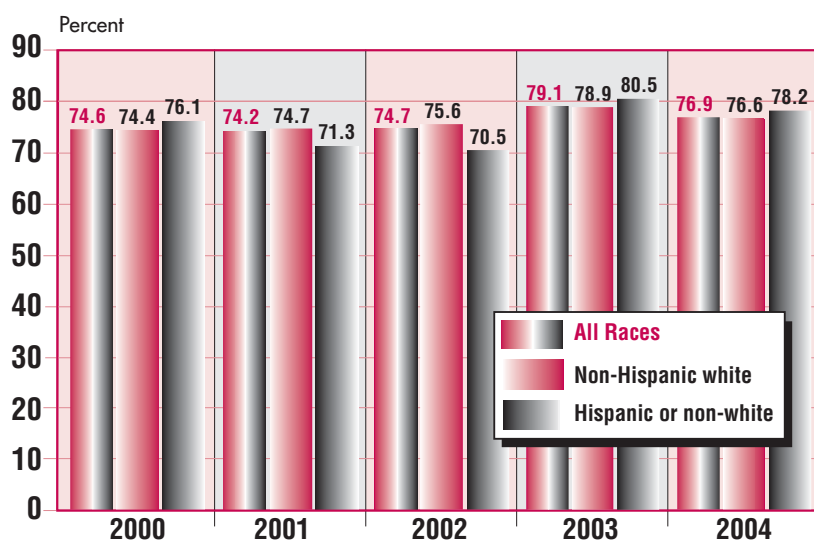
PERCENT OF WOMEN AGED 18 YEARS AND OLDER WHO REPORTED THEY ARE CURRENT SMOKERS, BY RACE, TENNESSEE, 2000-2004

Tobacco use is a major risk factor for heart disease, cancer, respiratory, and other diseases. The percent of women aged 18 years and older who reported they were smokers was greater for non-Hispanic whites than Hispanic or non-white females according to data collected from the Tennessee Behavioral Risk Factor Survey for 2000-2004. For these women, the percent of non-Hispanic white female smokers decreased 1.2 percent from 2000 to 2004 while the percent

of Hispanic or non-white female smokers increased 1.6 times during the same period.

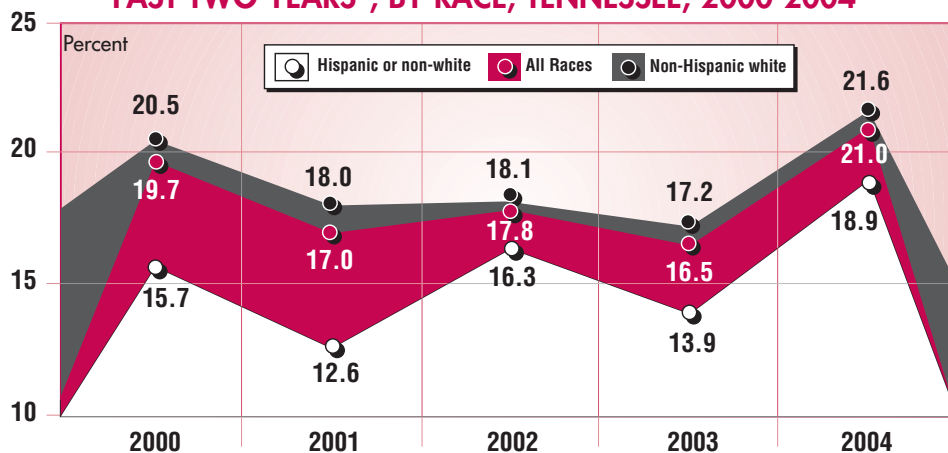
Breast cancer is the second leading cause of cancer death among Tennessee's women. Screening for breast cancer can reduce the mortality rate by providing early detection. Data from the Tennessee Behavioral Risk Factor Survey provides information by race on the percent of women aged 40 and older who stated they had a mammogram within the last two years. While the percentages decreased slightly from 2003, Tennessee's 2004 survey percentages exceeded the national objective for the year 2010. The national goal for 2010 is for 70.0 percent of all women aged 40 and older to have had a mammogram within the last two years.

PERCENT OF WOMEN AGED 40 AND OLDER WHO REPORTED THEY HAD A MAMMOGRAM WITHIN LAST TWO YEARS BY RACE, TENNESSEE, 2000-2004



Source: Tennessee Department of Health, Behavioral Risk Factor Survey.

PERCENT OF WOMEN AGED 18 YEARS AND OLDER WHO REPORTED THEY DID NOT HAVE A PAP SMEAR WITHIN THE PAST TWO YEARS*, BY RACE, TENNESSEE, 2000-2004



Source: Tennessee Department of Health, Behavioral Risk Factor Survey.

*Percent includes women who reported never having a PAP Smear.

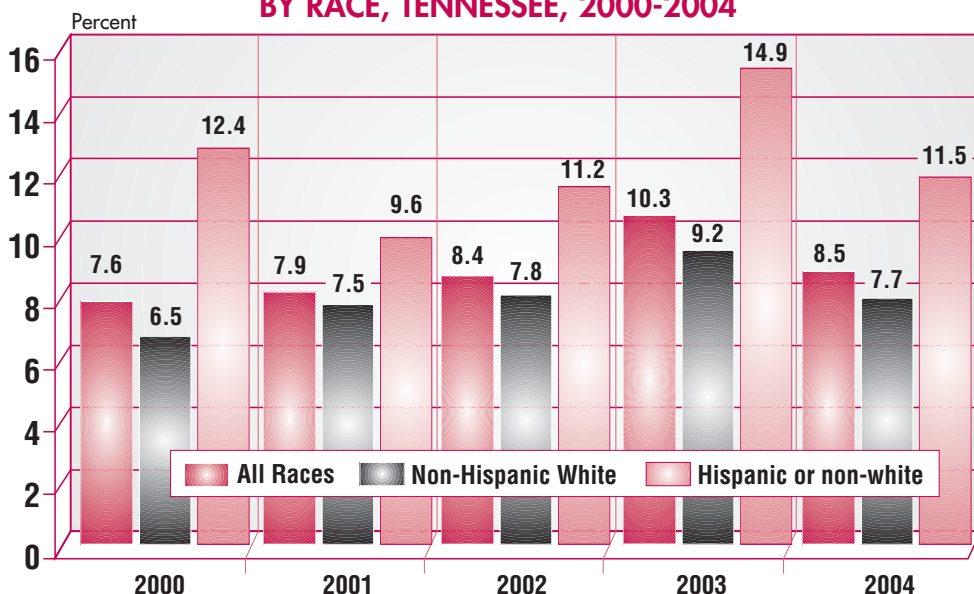
Mortality from invasive cervical cancer can be reduced with the use of the Pap test through early detection and intervention. The Behavioral Risk Factor Survey results indicate that the percent of women 18 years and older who did not have a pap smear within the past two years fluctuated throughout the period of 2000-2004. The survey also showed the percentages were greater for non-Hispanic whites than Hispanic or nonwhite females for the five-year period. The 2010 national objective is for 90 percent of women aged 18 years and older to have received a Pap test within the preceding three years.

In 2004, the Behavioral Risk Factor Survey indicated 7.7 percent of non-Hispanic white women and 11.5 percent of Hispanic or non-white women reported diabetes. Diabetes was the 7th leading cause of death for women in Tennessee for 2004. Diabetes has been associated with end-stage renal disease, blindness, and lower extremity amputation. Women with diabetes have increased pregnancy complications and higher rates of infants born with birth defects.

The Behavioral Risk Factor Surveillance System is a state-based computer-assisted telephone interviewing effort conducted in cooperation with the Centers for Disease Control and Prevention. Since 1984, adults have been surveyed every month in randomly selected households throughout the state. Questions are constructed to determine the behaviors of individuals that will affect their risk of developing chronic diseases that may lead to premature mortality and morbidity.

NOTE: The population estimates for Tennessee used to calculate the rates in this report were based on figures prepared from the 2000 census in August 2003 by the Division of Health Statistics. These revised population figures may result in rates that differ from those previously published.

PERCENT OF WOMEN WHO REPORTED DIABETES BY RACE, TENNESSEE, 2000-2004



Source: Tennessee Department of Health, Behavioral Risk Factor Survey.

Birth and death certificates filed with the Office of Vital Records supplied the pregnancy, birth, and death data for this report.

Please visit the **Division of Health Statistics and Health Information Tennessee (HIT)** pages on the Tennessee Department of Health website by selecting Statistics and Data at: tennessee.gov/health

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